

State of Washington Application for a Water Right 1 2 1997

For Ecology Use

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	Paid 10

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Section	1. APPLI	CANT.	PERSON	۱, ORGA	NIZAI	TION, OF	R WAT	ER SYST	rem	
Name (n	IARIE - FRA	ANCE .	CANTIN			Home Tel:	(509) 732 -	4191	
									7417	
City Nor	THPORT	S	tate WA Zi	p+4 9915	<u> </u>	0522 FAX	: (509) 684 -	7416	
								- 2000000000000000000000000000000000000		
	2. CONT. e as above									
Name						Home Tel	: ())		
Mailing Add	lress					Work Tel:	()		
City		S	tate Zi	p+4	+ _	FAX	:: (_)		
Relationship	to applicant									
Section	3. STATE	MIENT	OF INTE	NT	0.12 0	(c)				
The applican	nt requests a	permit to u	se not more t	han	50	*	(gallons pe	er minute or	
cubic fee	per second)	from a 🛛	surface water	source or	ground	water source	e (check	only one) fo	r the purpose	(s)
of <u>lrriga</u> DESCRIPT	Tion ← c	E PLACE	OF USE. (S	See instructi	ions.) NO				CH A "LEG tt number is n	
aCaiarat										
Estimate a n	naximum ann	ual quantit	ty to be used	in acre-foot	per year:	Scach	U To	DICATION	105500	DES
Chec	k if the water	use is proj	posed for a sh	ort-term pro	oject. Indi	cate the peri	od of tim	e that the wa	of 5Ac	eeded
			_ to/_	1						
	110111	//_	_ 10/_	*(0)	ee ada	litional	info -	pg 4)		
Section	4. WATE	R SOUI	RCE						lufoque dono Personani	
If SURFA	CE WATER				If GRO	DUNDWAT	ER			
	water source					nit is desire				
lake, etc.	f unnamed,	write "un	named sprin	ıg,"						
umameo	stream," et	SILVE	r crown	LAKE						
Number o	f diversions	ONE	e crown i	AKE						
Source flo	ws into (nar		y of water):		Size &	depth of w	ell(s):			
		NA								
LOCATIO	N									
Enter the	north-south	and east-v					rsion or	withdrawa	l to the near	est
section co	rner: 600	, N'	o'w, of	E CORN						
	SE	CTION 5	T 39	N R 40	DE					
							If loc		e is platted, com	plete
1/4 of	1/4 of	Section	Township	Range (E/W		County	Lot	Block	low: Subdivisio	
SE 1/4	SE 4	5	39N	40E		TEVENS		DIUCK	Subdivisio	н
	26.4		JIN	702	3	TEVENS				
ر. التوريش الإسلام على الأل				va Silining			007			
For Ecology U)-12-19							
SEPA Exemp		FERC Lic	ense#	4.12		Dept. Of H	ealth#			1
Date Accepted	As Complete _	190110	199 By		ate Returne	ed		_By	WRIA:	91

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

Appl. No.: _

Se	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: N/A
B.	Briefly describe your proposed water system. (See instructions.)
	Diversion BY SYPHON with DELIVERY THROUGH 1" PIPE TO IRRIGATION SITE & HOME SITE.
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. SEE SURFACE WATER APPLICATION # 53-29966
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION Completed for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection Home (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Coı	mplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
300000000000000000000000000000000000000	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION completed for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres Use Acres
C.	Total number of acres to be covered by this application:5
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? ✓ YES ✓ NO If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below) Dairy - # Milking # Non-milking

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Will you be using a dam, dike, or other structure to re	tain or store water?	☐ YES	⊠ NO
NOTE: If you will be storing 10 acre-feet or more of v point, and some portion of the storage will be above g reservoir permit application from the Department of I	rade, you must also apply for a re		
Section 9. DRIVING DIRECTIONS			

Provide detailed driving instructions to the project site.

FROM HWY 25 N IN NORTHPORT TURN EAST ON ALADDÍN ROAD

(FOLLOW SIGN TO DEEP LAKE RECREATION AREA), 90 TO MAIL BOX #3637

(ONLEFT SIDE OF ROAD) TURN RIGHT AT DRIVEWAY WITH SILVER

9ARAGE CLOSE TO ROAD. HOUSE IS 300' FURTHER

Section 10. REQUIRED MAP

Section 8. WATER STORAGE

A. Attach a map of the project. (See instructions.)

the land on which the water will be us ant's interest in the place of use and pr		MA TIME	
	ovide the name(s) and address(es)	YES	□ NC
the land on which the water source is greement:	located?	⊠ YES	□NC
above is true and accurate to the be rant staff from the Department of E lough I may have been assisted in th of Ecology, all responsibility for the	cology access to the site for inspect preparation of the above appli	ection and cation by	d the
entative)	12-9-97 Date		
entative)	Date		
	12-9-97		
same as applicant, write "same")	Date		
sa	me as applicant, write "same")	ime as applicant, write "same") Date I have examined this a	me as applicant, write "same") Date

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APPLICATION

it is: not an "action".

DATE

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

* SECTION 3 - DESCRIPTION OF THE PLACE OF USE.

NE 1/4 of NE 1/4 Section 8 T39 N R 40 E

Please note	Surface U	vater app	elicatio	
50	it would have do both	elp your inspection	if you	operty
The state of the s	me FYI	only-	. you	
> 1 Jus	t included is applicated	copy of le	The regal	rding

Examination fee was not enclosed	RETURN PO BOX 5	NT PLEASE FO CASHIER, 128, LACEY, WA 8
Section number(s)	is/are APPLICAI RETURN ' APPROPR	NT PLEASE TO THE IATE REGIONAL
Explanation:		
Please provide the additional information	quested above and return your application (date).	by

Ecology staff	D - 4 -
ECOLOGY STATE	Date
Deology Beatl	Date

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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